

AUTHORITY TO RECEIVE FEE PAID FROM REFUND SERVICE

I request to pay accounting fees from my tax refund. I understand I will receive the balance if my tax refund deposited electronically to the stated account below. I accept that I am responsible for providing correct information and that incorrect information may cause delays in receiving my refund money.

I authorise you to direct the ATO to deposit my tax refund into the relevant nominated bank account and to deduct fees as per the calculation below. The balance remaining after deduction of the listed fees is to be repaid to my nominated bank account below.

I acknowledge that:

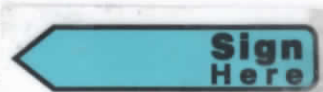
- a. Should any variation arise with the Australian Tax Office (ATO) or my refund cheque is forwarded to me in error, I will pay the fee owing directly within 7 days of written notice.
- b. Where due to an error on the part of either FFR, the ATO or myself, payment is made to me in excess of the correct amount due to me by the ATO, I will refund the difference within 7 days. I further understand that in the event of me not repaying any outstanding amount, I am liable for collection costs and charges.
- c. I further agree that as per (a) & (b), if I do not refund the difference within 7 days, I authorise all or part of the difference to be repaid from my nominated bank account below. I authorise Fee From Refund Pty Ltd (ABN 99 156 638 890 user ID 432 851), to make this deduction on *Tax Practice's* behalf. I am the authorised signatory of the stated account/card. I agree not to cancel this authority until any amount outstanding is repaid.
- d. There are no amounts outstanding to the ATO or in relation to child support and/or Centerlink in my name.
- e. Privacy: I understand and authorise that my Tax File Number (TFN) may be used for the purposes of reconciliation in paying my fees from my refund. It is under no circumstances to be made public.

Name: _____
TFN: _____
Address: _____
Phone: _____
Email: _____

Gross Refund:	_____
Accountants Fee:	_____
Net deposit to client:	_____

Account Details for Deposit of Funds

BSB: _____
Account Number: _____
Account Name: _____
Authorised: _____
Date: _____



NB: Before accepting, please ensure this authority is signed and retain at practice. Please confirm all details are correct, especially the Bank Details.

Please confirm:

- Client has Accepted Conditions
- The Authority has been printed
- The Authority has been signed by the client